

Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S)

(use as many sheets as necessary)

Sheet

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of

1

COMPLETE IF KNOWN	
Application Number	10/648,593
Filing Date	08/26/2003
First Named Inventor	FEI HUANG
Art Unit	1652
Examiner Name	SWOPE, SHERIDAN
Attorney/Agent/Box Number	D0273-NP

NON PATENT LITERATURE DOCUMENTS

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant